subsequent ones; and Dr. Wilms, who had charge of the case, resolved to use ivory pegs. The gimlet, with the slightest effort, sank freely into the bone, and *pus* issued from the opening thus made. The idea of inserting pegs was therefore given up, and the arm kept quiet. Feverishness and severe swelling ensued, and Dr. Küster was obliged to make two lateral incisions, which freed some pus and peculiar-looking membranous shreds. These turned out to be portions of hydatid cysts. A drainage tube was then inserted, and on each dressing vesicles of echinococci were discharged, varying in size from a flaxseed to a goose's egg. This escape of hydatids lasted about four weeks, when both echinococci and pus disappeared. The limb was now attacked with erysipelas, at the termination of which the ends of the fragments remained bathed in a sanious fluid. Soon afterwards the elbow-joint inflamed, and unmistakable symptoms of pyæmia set in. Dr. Küster now disarticulated the limb at the shoulder-joint. On an examination of the part, an extensive purulent infiltration of the intermuscular cellular tissue, up to the shoulder, was discovered. A large sac, full of pus, surrounded the ends of the ununited fragments. In this pus, cysts, varying in size from that of a cherry to a nut, floated about. In the surrounding muscles about twenty small cysts were detected, some the size of a pin's head, others as large as peas, and everywhere a communication with the principal purulent sac could be made out. The author states that no case of hydatids in *muscles* have been recorded since Dupuytren observed them in a case of hydatids of the humerus. On making a longitudinal section of the bone, the medullary substance was found to have been destroyed, a complete vacuum being observed in its stead. Such a case shows plainly how we may be far from the mark when we attribute non-union to some defect in the constitution, to malposition, to imperfect treatment, to a piece of membrane or muscle between the fragments, &c. &c. Dr. Küster has taken the trouble to collect the cases of a similar nature scattered in books and periodicals. He finds only 21 or 22, one case being doubtful. Tibia, 5; cranium, 4 (1 doubtful); spinal column, 3; pelvis, 3; humerus, 3; femur, 2; phalanx of finger, 1. In 5 there was fracture; non-union of course ensued, but there had mostly been some swelling of the bone, which broke on the slightest provocation. In most cases there were no symptoms leading to the suspicion of hydatids. The case of Messrs. Dickenson and Crompton is quoted (where is it consigned?) where a girl broke her humerus by a fall on the staircase; non-union was treated by a seton, and the pus contained hydatids. (Could not the latter have been found in the pus independently of the fracture?)—*Lancet*, May 21, from *Med. Centr. Zeitung*, April 22d, 1870.

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38. *Recovery from Pyæmia.*—The fatality of pyæmia is so great that every case of recovery is worth recording. M. Gosselin has observed two, Broca four, Verneuil one; one was communicated to the College of Physicians of Philadelphia by Dr. Hutchinson; two other fellows of the college stated that they had each observed two (see preceding number of this Journal, p. 398 et seq.), and in the number of the *Edinburgh Medical Journal* for January, 1870, Dr. Joseph Bell has recorded three cases. In the treatment of his three cases, Dr. Bell states: "I directed my attention not to any hopes of finding antidotes, or chemically acting on the poison. I gave no alternatives, no specifics, no mercury, but simply aimed at, 1st, keeping the primæ viæ in such a state as best might aid assimilation of nourishment; and, 2d, giving the nourishment in such a form as most easily might be taken up.

"Milk, with lime-water, eggs, beef-tea, at short intervals, and in small quantity, were the chief remedies; an occasional purgative enema, or even a purge of castor oil when required, and really very little else. Case I., from his excessive weakness, had for some days ℥viij of port, and ℥iv of brandy; but this was soon diminished. Case II. got quinia, but could not bear it; at least his appetite diminished under its use, and I had to stop it. Case III. had hardly any drug whatever during his whole long illness. I have more than once (in other cases, never in these ones) tried the internal use of the sulphites, as recommended by Dr. Polli, but cannot say that I have ever seen any benefit result.

Indeed, their effect on the patient's appetite was generally so bad, as very speedily to cause them to be given up.

"Hot drinks, not necessarily containing alcoholics, even hot water, or hot milk-and-water, were found very useful in preventing rigors, which a cold drink would inevitably have hastened. I have been led to lay great stress on the importance of delaying the dressing of the patient's wounds, when his skin is moist, or he feels a rigor to be imminent, and selecting such times as he himself will soon learn to recognize as the most suitable, as involving the least risk of chill.

"I must conclude by adding, that no case will ever recover from pyæmia, without the most careful and devoted nursing."

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39. *Chloral in Tetanus.*—M. VERNEUIL lately reported to the Imperial Society of Surgery a severe case of tetanus cured by chloral. and another not less severe was soon after reported to the same society by Messrs. Dubreuil, Lavaux, and Onimus, successfully treated by the same article combined with continuous electric currents, a fourth case, also successful, was communicated by Dr. Dufour, Assistant Physician to the Ophthalmic Hospital of Lausanne.

Two cases of failure have likewise been reported to the same society, one occurring in the practice of M. Guyon and the other in that of M. Le Fort. M. Guyon stated that in the case reported by him chloral afforded relief, though only temporary. Each time it was given it afforded ease to the patient and produced sleep, and he thinks that if chloral be not a specific and heroic remedy for tetanus, it is at least a useful adjuvant used concurrently with other means as sudorifics, electric currents, etc.

In M. Le Fort's case chloral also afforded relief though it failed to effect a cure. M. Verneuil, in commenting upon this case, called attention to the important fact shown by it, which is that chloral has undoubted powers of arresting contractions of the exterior muscles, but unfortunately fails to arrest those of the respiratory ones, which it is most important to restore to their regular functions; and it is to this last circumstance the failure of chloral seems due. It is therefore necessary to join to chloral, the utility of which is incontestable, some other means which shall exert a special influence on the contractions of the respiratory muscles. This means M. Verneuil thinks is the continuous electric current, which possesses the positive power of arresting the spasm of the respiratory muscles, and thus preventing asphyxia, as in the case of MM. Dubreuil, Lavaux, and Onimus.—*L'Union Méd.*, May 21, 1870.

Mr. TAY, Assistant Surgeon to the London Hospital, reports (*Brit. Med. Journal*, April 2, 1870) a case of tetanus, in a woman forty years of age, treated by chloral unsuccessfully, but life seemed to be prolonged by the remedy and it clearly produced certain definite effects. It was given in doses of a drachm by the mouth and two drachms by the rectum, relieving the patient from the agonies of impending suffocation caused by tetanic spasm, and causing calm sleep and muscular relaxation.

Another case is recorded (*Brit. Med. Journal*, April 2, 1870) by Mr. E. R. DENTON, in which recovery took place. The subject of it was a boy, æt. 18, the disease resulting from an injury. Mr. D. says, "The severity of the symptoms during the first week led me to form a very unfavourable prognosis, but the steady improvement after the administration of the hydrate of chloral, assisted by the bromide of potassium and that of belladonna, leads me to hope that in them we have agents which, in some instances at least, may be found efficacious in combating so frightful a disease."

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40. *Use of Hydrate of Chloral for the Relief of Pain in Cancer.*—Mr. F. E. CLARKE extols (*Lancet*, April 16, 1870) chloral as a palliative in malignant disease. He regards it as the best palliative in cancer for alleviating pain, and by its beneficial effects it enables the constitution to hold out longer against the ravages of the diseases, and "thereby afford a much greater chance of spontaneous cure, rare instances of which occur by the sloughing of the entire mass."

Mr. WEEDEN COOKE, Surgeon to the Cancer Hospital also bears strong testi-